## PATENT APPATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/531863

| CLAIMS AS FILED - PART I                                     |  |   |  |                                   |  |                                 |        |                     |                        |    | <del></del>         | ·                      |
|--|--|---|--|-----------------------------------|--|---------------------------------|--------|---------------------|------------------------|----|---------------------|------------------------|
|  |  |   | (Column  |                                   | (Column 2)                             |                                 |        | SMALL ENT           |                        | OR | OTHER<br>SMALL      |                        |
| U.S. NATIONAL STAGE FEES                                     |  |   |  |                                   |  |                                 | ]      | RATE                | FEE                    | 7  | RATE                | FEE                    |
| BAS  | SIC FEE  |   | SMALL ENT. = \$ 150  |                                   | LARGE ENT. = \$ 300                    |                                 | 1      | BASIC FEE           |                        | OR | BASIC FEE           | 2110                   |
| EXA  | MINATION FE                                    | E   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100                  |                                   | All other situations = \$ 100 / \$ 200 |                                 |        | EXAM. FEE           |                        | 1  | EXAM. FEE           | 200                    |
| SEA  | RCH FEE  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                   | All other situations = \$ 250 / \$ 500 |                                 |        | SEARCH FEE          |                        |    | SEARCH FEE          | 400                    |
| FEE  | FOR EXTRA                                      | SPEC. PGS.  | minus 100 =  |                                   | / 50 =                                 |                                 |        | X \$ 125 =          |                        |    | X \$ 250 =          | <del> </del>           |
| тот  | AL CHARGEA                                     | BLE CLAIMS  | // minus 20 =  |                                   | *                                      |                                 |        | X \$ 25 =           |                        | OR | X \$ 50 =           |                        |
| IND  | EPENDENT CL                                    | AIMS  | / minus 3 =  |                                   | *                                      |                                 |        | X \$ 100 =          |                        | OR | X \$ 200 =          | -                      |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI  | ESENT  |                                   |  |                                 |        | + \$ 180 =          |                        | OR | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter     |  |   |  |                                   | " in co                                | lumn 2                          |        | TOTAL               |                        | OR | TOTAL               | 900                    |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |  |   |  |                                   |  |                                 |        | SMALL E             | NTITY                  | OR | OTHER<br>SMALL E    |                        |
| NT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |  | HIGH<br>NUME<br>PREVIO<br>PAID I  | BER<br>DUSLY                           | PRESENT<br>EXTRA                |        | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | *   | Minus  | **                                |  | =                               |        | X \$ 25 =           |                        | OR | X \$ 50 =           |                        |
| AME  | Independent                                    | •   | Minus  | ***                               |  | =                               |        | X \$ 100 =          |                        | OR | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |  |                                 |        | + \$ 180 =          |                        | OR | + \$ 360 =          |                        |
|  |  |   |  |                                   |  |                                 |        | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.        |                        |
| (Column 1) (Column 2) (Column 3)                             |  |   |  |                                   |  |                                 |        |                     |                        |    |                     |                        |
| AT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |  | HIGHI<br>NUME<br>PREVIO<br>PAID I | EST<br>BER<br>OUSLY                    | PRESENT<br>EXTRA                |        | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | *   | Minus  | **                                |  | =                               |        | X \$ 25 =           |                        | OR | X \$ 50 =           |                        |
| AME  | Independent                                    | *   | Minus  | ***                               |  | =                               |        | X \$ 100 =          |                        | OR | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL    |   |  |                                   | LAIM                                   |                                 |        | + \$ 180 =          |                        | OR | + \$ 360 =          |                        |
|  |  |   |  |                                   |  |                                 | -      | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE |                        |
| *<br>**  | If the "Highest No                             | umn 1 is less than the<br>umber Previously Pai<br>umber Previously Paid<br>mber Previously Paid | d For" IN THIS SP/<br>d For" IN THIS SP/                             | ACE is less<br>ACE is less        | than '20<br>than '3',                  | 0', enter "20".<br>, enter "3". | in the | appropriate box     | in column 1.           |    |                     |                        |